



## Individual Registration

(One registration form per person)

Symposium  
2000

PLEASE PRINT

LAST NAME FIRST NAME MI

JOB TITLE

SCHOOL/AGENCY (IF APPLICABLE)

STREET ADDRESS

CITY STATE ZIP CODE

( ) ( )

PHONE FAX

Is this your first time attending School's In? \_\_\_\_ Yes \_\_\_\_ No

If no, how many times have you attended the Symposium? \_\_\_\_



Special Requests—Please specify (sign interpreters, braille materials, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a daytime phone number at which we may contact you: ( )

### Mail completed form and payment to:

California Department of Education  
Cashier's Office  
School's In!  
P.O. Box 1925  
Sacramento, CA 95809-1925



PLEASE NOTE: The California Department of Education reserves the right to delete or substitute workshops or otherwise make changes to the program without notice. Audio or video recording is strictly prohibited without written approval from the Department. The Department is not responsible for lost or misdirected mail. Purchase orders cannot be accepted for School's In! registration. Purchase orders will be returned and your registration delayed. Payment only by check or credit card will be accepted for Symposium registration.

## Hotel Reservations

Return your completed Hotel Reservation form to the Sacramento Visitors Bureau. Deadline for receipt of mailed or faxed reservations is **July 7, 2000**. Special School's In! rates are limited and may not be available after July 7. **Availability is limited to a first-come, first-served basis.** If you have any questions, you may call the Bureau at (916) 264-7617.

## Registration

Registration with payment **MUST** be postmarked by the dates listed to ensure the following rates:

- ☐ \$99 **EARLY REGISTRATION**  
Postmarked by  
**Friday, June 16, 2000**
- ☐ \$130 **REGISTRATION**  
Postmarked by  
**Friday, July 7, 2000**  
Mail-in registration **will not** be accepted after this date.
- ☐ \$155 **LATE REGISTRATION**  
**July 8–August 10**  
On-site registration will be accepted.

**We are unable to process ANY purchase orders.**

**Only checks and credit card payments will be accepted.** Please do not send cash. Payment **must** accompany registration form.

Credit card registration may be faxed to:  
(916) 323-2728

**Refunds:** A \$25 administration fee will be deducted. **No refunds after August 4.**

☐ Check (made payable to **Department of Education ATA #899**)

☐ VISA

☐ MasterCard



### FOR CDE USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Confirmation # \_\_\_\_\_

Card Number (Please write clearly.) \_\_\_\_\_

Expiration Date: Month Year

Name on Card

Authorized Signature

Make photocopies of this form and give to interested colleagues.